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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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EV026160680US

Application Serial No. .... JAN 30 2002 09/428,125  
Filing Date ..... October 26, 1999  
Inventor ..... Vishnu K. Agarwal et al.  
Assignee ..... Micron Technology, Inc.  
Group Art Unit ..... 2822  
Examiner ..... K. Rose  
Attorney's Docket No. .... MI22-1299  
Title: Capacitors and Methods of Forming Capacitors



**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

References - See Attached Form PTO-1449

The Examiner's attention is directed to the references which are listed on the attached Form PTO-1449, copies of which are attached. No admission is made regarding whether all the submitted references are prior art.

Citation of the referenced art is respectfully requested.

Respectfully submitted,

Dated: 4/6/02

By: [Signature]

Mark S. Matkin  
Reg. No. 32,268

01/29/2002 DTESSEM1 00000049 03428125

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180.00 OP



01-24-02

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Please type a plus sign (+) inside this box → ☐PTO/SB/21 (6-98)  
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EV026160680US

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/428,125
	<b>Filing Date</b>	October 26, 1999
	<b>First Named Inventor</b>	Vishnu K. Agarwal
	<b>Group Art Unit</b>	2822
	<b>Examiner Name</b>	K. Rose
<b>Total Number of Pages in This Submission</b>	<b>Attorney Docket Number</b> MI22-1299	

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	PTO return receipt postcard
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement Form 1449; cited refs	<input type="checkbox"/> Small Entity Statement	Check in the amount of \$180
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	Customer No. 021567
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	The Commissioner is hereby authorized to charge any additional fees required under 37 CFR Sections 1.16 and 1.17 and credit any overpayments to: 23-0925.	

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>	
Firm or Individual name	Mark S. Matkin; Wells St. John P.S.
Signature	
Date	1/16/02

<b>CERTIFICATE OF MAILING</b>	
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# FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.  
Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.  
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$) 180.00

C mplete if Known	
Application Number	380009/428,129
Filing Date	October 26, 1999
First Named Inventor	Vishnu J. Agarwal
Examiner Name	K. Rose
Group / Art Unit	2822
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METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																																																																																													
<b>1.</b> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:  Deposit Account Number: 23-0925  Deposit Account Name: Wells St. John P.S.  <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17		<b>3. ADDITIONAL FEES</b>																																																																																																																													
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Mark S. Matkin	Registration No. (Attorney/Agent)	32,268
Signature		Telephone	509-624-4276
		Date	1/16/02

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